International Labour Conference
90th Session 2002

Report V(1)

Recording and notification of occupational accidents and diseases and ILO list of occupational diseases

Fifth item on the agenda

International Labour Office Geneva

ISBN 92-2-112425-8
ISSN 0074-6681

First published 2001

The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.
Reference to names of firms and commercial products and processes does not imply their endorsement by the International Labour Office, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

ILO publications can be obtained through major booksellers or ILO local offices in many countries, or direct from ILO Publications, International Labour Office, CH-1211 Geneva 22, Switzerland. A catalogue or list of new publications will be sent free of charge from the above address.

Printed in Switzerland ATA

CONTENTS

	Pages
INTRODUCTION	1
CHAPTER I: *Recording and notification of occupational accidents and diseases*	3
The role of recording and notification of occupational accidents and diseases	3
Recording at the level of the enterprise	5
National notification systems	5
Coverage of notification systems	6
Notification of occupational accidents	7
How "occupational accident" is defined	7
Notification of fatal occupational accidents	7
Notification of non-fatal occupational accidents	7
Type of accident information notified	8
How and when information is notified	8
Notification of commuting accidents and dangerous occurrences	9
Commuting accidents	9
Dangerous occurrences	9
Notification of occupational diseases	9
How "occupational disease" is defined	9
Notification of occupational diseases	10
ILO activities	11
Existing ILO instruments	11
Activities of the International Conference of Labour Statisticians (ICLS)	12
CHAPTER II: *Lists of occupational diseases*	13
The role and influence of Schedule I to the Employment Injury Benefits Convention, 1964	13
Recognition of occupational diseases for compensation and prevention purposes	14
New occupational diseases	16
Diseases suspected of being occupational in origin	18
International activities	18
ILO activities	19
CHAPTER III: *The case for new international instruments*	21
Extent of under-reporting of occupational accidents and diseases	21
Coherence of information to be recorded	21
Recording of incidents	22
Preventing occupational accidents and diseases	22

Recording and notification of occupational diseases and diseases suspected of being occupational in origin 22
A possible new instrument on the recording and notification of occupational accidents and diseases 23
Updating mechanism for the ILO list of occupational diseases 24
Consolidating the relationship between recording and notification of occupational diseases and Schedule I to Convention No. 121 25
Possible content of a new instrument or instruments 25

Questionnaire 29

APPENDIX I: Substantive provisions of the Occupational Safety and Health Convention, 1981 (No. 155) 35
APPENDIX II: ILO code of practice on the recording and notification of occupational accidents and diseases (contents) 40
APPENDIX III: Schedule I to the Employment Injury Benefits Convention, 1964 (No. 121) 42
APPENDIX IV: Proposed list of occupational diseases appended to the ILO code of practice on the recording and notification of occupational accidents and diseases 44

INTRODUCTION

At its 279th Session (November 2000) the Governing Body of the International Labour Office decided to place an item on the recording and notification of occupational accidents and diseases, including the possible revision of the list of occupational diseases, Schedule I to the Employment Injury Benefits Convention, 1964 (No. 121), on the agenda of the 90th Session (2002) of the International Labour Conference, with a view to standard setting under the single-discussion procedure. The Governing Body also indicated that the development of a mechanism for regularly updating the list of occupational diseases should be examined by the Conference as part of the above agenda item.

Owing to the limited time frame for the preparation of this law and practice report, it has been prepared on the basis of materials provided by member States in reply to past surveys, meetings of experts and other sources available at the International Labour Office. The approaches described in the report are representative samples of existing practices and identify the relevant issues for discussion. The Occupational Safety and Health Convention, 1981 (No. 155) (the substantive provisions of which are reproduced in Appendix I), includes provisions on the establishment of procedures for the notification of occupational accidents and diseases and provides the basis for the possible elaboration of a Protocol on the subject. The report also reflects the ILO code of practice on the recording and notification of occupational accidents and diseases[1] published in 1996, the contents of which are reproduced in Appendix II.

Chapter I of this report covers recording and notification practice; Chapter II focuses on issues relating to lists of occupational diseases for compensation as well as recording and notification purposes; and Chapter III argues the case for new ILO instruments. It examines measures for strengthening recording and notification at both national and international levels. Looking at the relationship between recording and notification and the list of occupational diseases in Schedule I to Convention No. 121, it proposes the consolidation of these frameworks through the establishment of a new ILO list of occupational diseases with a flexible updating mechanism. The chapter concludes with an outline of the content of the possible new instrument or instruments.

The report ends with a questionnaire to which governments are asked to give substantiated replies. On the basis of information received, the Office will draft a second report summarizing the views expressed and pointing out the main issues the Conference may wish to consider.

To allow the Office time to draft the final report, which in accordance with article 38, paragraph 2, of the Standing Orders must be communicated to governments not less than four months before the opening of the 90th Session of the Conference, governments are requested to send their replies so as to reach the Office no later than 30 September 2001. In this respect, the Office draws the governments' attention to

---

[1] *Recording and notification of occupational accidents and diseases: An ILO code of practice* (Geneva, ILO, 1996).

article 38, paragraph 1, of the Standing Orders, under which governments are asked to consult the most representative organizations of employers and workers before finalizing their replies. The results of this consultation should be reflected in the governments' replies, and they are requested to indicate which organizations have been so consulted.

CHAPTER I

RECORDING AND NOTIFICATION OF OCCUPATIONAL ACCIDENTS AND DISEASES

THE ROLE OF RECORDING AND NOTIFICATION OF OCCUPATIONAL ACCIDENTS AND DISEASES

The absence of reliable information about the incidence of occupational accidents and disease is a major obstacle to curbing the appalling toll of work-related deaths and injuries that continues to plague humankind. Despite enormous advances in technology, preventive medicine and the means to prevent accidents, the ILO and the World Health Organization (WHO) estimate that each year around 1.2 million work-related deaths, 250 million accidents and 160 million work-related diseases occur worldwide. Death, illness and injury on such a scale impoverish individuals and their families, and undermine attempts to improve working conditions. In addition to immeasurable human suffering, they cause major economic losses for enterprises and societies as a whole, such as lost productivity and reduced work capacity. It is estimated that around 4 per cent of the world's gross domestic product (GDP) is lost in terms of various direct and indirect costs including compensation, medical expenses, property damage, lost earnings and replacement training. Information is needed, particularly by those charged with the task of remedying this situation, in order to understand what preventive action is necessary. This information must be sufficiently comprehensive and above all accurate.

There are many different audiences for information about occupational accidents and diseases: employers, workers, occupational safety and health professionals, insurance institutions, governments, international organizations, and those involved in emergency response — to name but a few. Broadly speaking, all audiences need information for the same purpose, but there are differences in emphasis concerning the nature of the information required, as well as between action taken at the level of the enterprise and that taken at national and international levels.

As an important element of enterprise occupational safety and health management systems, employers need to record information about accidents and diseases as well as dangerous occurrences which have arisen, along with the results of their investigation. This record must be sufficiently detailed to include the essential facts about how the person was injured or came to be ill. The employer is thus able to analyse the information, obtain appropriate support where necessary, understand the circumstances leading to the accident or the cause of the disease, and take the necessary remedial steps to prevent a recurrence in the enterprise as far as possible. The strategy at the enterprise level must ensure that workers understand their obligations for reporting to allow the employer to develop an accurate assessment of the situation. Workers and their representatives too should be aware of the reported cases and the circumstances in which they occurred, so that they can contribute to improving working conditions.

At national level, the information compiled on the nature and circumstances or cause of occupational accidents and diseases is generally based on the information recorded and notified by the employers, although the medical practitioners treating the victims may notify the authorities themselves in some cases. The authority responsible for receiving the notification may be the enforcement authority, the insurance institution or both. The insurance institution may be a government body, an independent insurance organization or a combination of the two, depending on the regulatory framework in the country. The main purpose of the information is to provide the elements to be used in assessing qualification for and levels of compensation to the injured persons or their dependants.

An enforcement authority may react to a notification by launching its own investigation where necessary. Otherwise, it uses the information to identify recurring accidents and diseases, those with the most serious consequences, etc., and to compile statistics. The latter are used to identify trends within industrial sectors and regions, devise coherent enforcement strategies and develop effective preventive campaigns at national level or directed at sectors and specific enterprises. The accumulation of statistics enables the authority to gauge the success of its preventive programmes.

Recognizing the importance of collecting and analysing information on occupational accidents and diseases as a means of implementing the national policy on occupational safety and health, Article 11 of the Occupational Safety and Health Convention, 1981 (No. 155) (see Appendix I), includes the following among the functions to be ensured by the competent authority:

- the establishment and application of procedures for the notification of occupational accidents and diseases, by employers and, when appropriate, insurance institutions and others directly concerned, and the production of annual statistics on occupational accidents and diseases;
- the publication, annually, of information on measures taken in pursuance of the policy referred to in Article 4 of the Convention and on occupational accidents, occupational diseases and other injuries to health which arise in the course of or in connection with work.

While the systems for recording and notification of occupational accidents and diseases should cover all branches of the economy, in most cases their coverage depends on that of occupational safety and health legislation or the national workers' compensation schemes. The definitions of what is to be recorded and notified have huge implications on the data to be collected and analysed. The following definitions are provided in the 1996 ILO code of practice on the recording and notification of occupational accidents and diseases:

Occupational accident: An occurrence arising out of or in the course of work which results in: (a) fatal occupational injury; (b) non-fatal occupational injury.

Occupational disease: A disease contracted as a result of an exposure to risk factors arising from work activity.

Commuting accident: An accident occurring on the direct way between the place of work and (a) the worker's principal or secondary residence; (b) the place where the worker usually takes his or her meals; or (c) the place where the worker usually receives his or her remuneration, which results in death or personal injury involving loss of working time.

Dangerous occurrence: Readily identifiable event as defined under national laws and regulations, with potential to cause an injury or disease to persons at work or the public.

Incident: An unsafe occurrence arising out of or in the course of work where no personal injury is caused, or where personal injury requires only first-aid treatment.

Recording at the level of the enterprise

While a number of countries have provisions for the notification of occupational accidents and diseases to national authorities, few countries provide for recording at the level of the enterprise. Among the countries that do have such provisions on recording, the scope of occupational accidents and diseases covered in the recording process varies. In *Belize*, *Canada*, *Norway*, the *Philippines*, *South Africa*, the *United States* and *Viet Nam*, the employer is required to record all cases of occupational accidents and diseases. In *Guyana* and the *United Kingdom* the legal requirement is to record all notifiable accidents and diseases.

The method of recording and level of detail required are also subject to some variation. Workers in general have an obligation to report occupational accidents and diseases to their employer, supervisor or a designated person. In *South Africa* workers can report incidents to the appointed health and safety representative. Employers have a legal responsibility to maintain a logbook or accident book in the *Bahamas*, *Belize*, *Guyana*, the *Philippines* and the *United States*. In *Guyana* and the *Philippines* there is a prescribed format for this register or log. In *Norway* and *Viet Nam* the obligation is to record all injuries. In the *United Kingdom* all notifiable accidents are required to be recorded in a written log, by maintaining copies of report forms or by keeping computer reports. In addition employers are encouraged to record a wider range of accidents where this can be used as a means of identifying improved methods of workplace risk management. In *Norway* and *Viet Nam* this should also include a statistical record. In *South Africa*, where there is a health and safety committee, this committee considers all reports in collaboration with the employer. In the *Bahamas* and the *United States* there are some provisions exempting small enterprises from the requirement to maintain a written log.

National notification systems

The notification of occupational accidents and diseases is generally linked either to a national workers' compensation scheme or to a statutory requirement of reporting to the competent authority. In *Belgium*, *Denmark*, *France*, *Germany*, *Greece*, *Italy*, *Japan*, *Luxembourg*, the *Netherlands*, *New Zealand*, the *Philippines*, *Portugal*, *Spain*, *Sweden*, *Turkey* and *Venezuela*, occupational accident reports are received by both the insurance institution and the enforcement authority or its equivalent. In *France*, *Italy*, the *Netherlands*, *Portugal* and *Sweden* it is the duty of the insurance institution to pass on reports to the labour inspectorate. In *Japan*, the labour standards inspectorate receives workers' compensation claims for occupational accidents and diseases. In the *Bahamas*, *Costa Rica*, *Finland*, *France*, *Germany*, *Italy* and *Uruguay* it is mainly the

accident compensation insurance bodies which collect reports, whereas this is done primarily by the enforcement authorities in *Botswana*, *China*, *Guyana*, *Hungary*, *India*, *Ireland*, *Malawi*, *Morocco*, *Mozambique*, *Myanmar*, *Norway*, *Saint Vincent and the Grenadines*, *South Africa* and the *United Kingdom*.

Differences in the organizational arrangements for the collection of data can have an impact on the reported numbers of occupational accidents and diseases. Where inspectorates are only an auxiliary source of information, as in *Spain* and *Uruguay*, important data discrepancies often arise between accidents that are reportable to them and to the insurance institutions. This is further illustrated by a recent study of work-related fatal injuries in *New Zealand*, which found that no single agency had the total number of deaths occurring between 1985 and 1994. Whilst the compensation agency held data on 63 per cent of the deaths, the Occupational Safety and Health Service held 40 per cent and the other agencies 10 per cent. Clearly, where statistical information is required at national level for a range of purposes, important knowledge gaps arise where there are a number of different authorities collecting data, as is the case in *Australia* and *Canada*.

Coverage of notification systems

The nature and range of occupational accidents that are notifiable to national authorities differ primarily according to what sectors or specific groups of workers are covered, the size of the enterprise and whether accidents occurring on the way to or from work (commuting accidents) or traffic accidents are covered. These aspects were examined using data from the *Yearbook of Labour Statistics 2000*.[1]

In some countries the public sector or state administration may be excluded from the notification requirements (for example, *France*, the *Philippines*, *Romania*, *Spain*, *Tunisia* and the *United States*). Defence forces are also often excluded. Some countries specify certain economic activities or have special requirements specific to certain economic activities (for example *India*, *Jamaica*, *Kuwait* and *Pakistan*). In the *United Kingdom* sea fishing and air transport are excluded.

There is some divergence as to whether notification systems cover self-employed persons. In some countries workers covered by accident compensation, insurance or pension schemes are included in the scope of notification requirements (for example, *Belgium*, *Colombia*, *Mexico* and *Turkey*). These are usually insured employed workers, but sometimes also include self-employed persons who may be insured on a voluntary basis. Some systems specifically only cover employed workers (for example, *Belarus*, *China*, *France*, *Japan* and the *Russian Federation*). In the *United States* voluntary workers are also included. Some other countries, such as *Australia*, *Canada* and *Germany*, cover the self-employed, although this may depend on whether they have been admitted to a workers' compensation scheme. Homeworkers and the informal sector are generally excluded from notification schemes except in countries where all self-employed persons are covered along with employed workers, such as *New Zealand* and *Sweden*.

The size of the enterprise can influence whether occupational accidents are notified. Examples include *Egypt*, where the enterprise must employ at least 15 people,

[1] ILO: *Yearbook of Labour Statistics 2000* (Geneva, 2000).

Honduras, the *Philippines* and *Thailand*, where at least ten people must be employed, and *Myanmar*, where, subject to specific conditions, a minimum of between ten and 20 people must be employed. In the *United States* farms employing fewer than 11 people are not covered in the notification system.

NOTIFICATION OF OCCUPATIONAL ACCIDENTS

How "occupational accident" is defined

National practices vary considerably regarding the terms and definitions used for occupational accidents and injuries. Some countries do not have a definition, with a simple reference in legislation to accidents occurring in the workplace, for example *Botswana*, *Myanmar* and the *United Kingdom*, or to injuries occurring during the performance of work, for example *Norway*. Others, such as the *United States*, have a definition which includes explicit reference to a sudden or unexpected event, as well as violent acts.

Notification of fatal occupational accidents

Fatal occupational accidents are almost invariably recorded, and data tend to be more reliable here than in the recording and notification of non-fatal accidents and disease. The main cause of divergence in the recording and notification of fatal accidents, in addition to the general factors influencing the scope of recording and notification mentioned above, lies in variations in the interpretation of the term "fatal". In some countries, for a fatality to be considered a fatal occupational accident, death must immediately follow the accident, whilst in others time limits may or may not be placed on the time of death after the accident. In *China* death may occur up to 30 days after the accident, in *Hungary* this time limit is 90 days, in the *United Kingdom* one year and in *Australia* three years. Countries where there is no time limit on the date of the fatality include *Botswana*, *Germany*, *Greece*, *Ireland*, *Italy*, *Norway* and *Saint Vincent and the Grenadines*.

Notification of non-fatal occupational accidents

The notification of non-fatal occupational accidents and injuries can be influenced by the definition of notifiable injuries and accidents in national systems, often in terms of the number of days' absence from work. The following examples are taken from the *Yearbook of Labour Statistics 2000*. In *Brazil*, *China*, the *Czech Republic* and *Denmark*, there must be a period of at least one day's absence from work before an accident is notifiable. In *Finland*, *Germany*, *Hungary*, *Ireland*, *Malaysia*, *Mauritius* and *Sri Lanka* this period is three days, in *Saint Vincent and the Grenadines* it is four days and in *Australia* five days for non-permanent disability. There is no minimum period in *Austria*, *Belgium*, *Guyana*, *Norway* and the *Philippines*. In the *United Kingdom* all accidents causing absence from work for more than three days must be notified, in addition to certain accidents which must be notified irrespective of the length of absence from work.

Type of accident information notified

In *Australia*, the *Bahamas*, *Botswana*, *China*, *Costa Rica*, *Denmark*, *Finland*, *France*, *Germany*, *Greece*, *Guyana*, *Hungary*, *India*, *Ireland*, *Italy*, *Japan*, *Morocco*, *Mozambique*, *Myanmar*, the *Netherlands*, *Norway*, the *Philippines*, *Portugal*, *Saint Vincent and the Grenadines*, *Spain*, *Sweden*, *Turkey*, the *United Kingdom*, the *United States* and *Venezuela*, the notification must include the date, time and place of the accident, as well as the type of injury (for example, amputation, fracture or burn). Most countries also ask for information about the person's occupation. In *France* details of the worker's qualifications must be provided in a notification, whilst in *Germany*, *Italy*, *Portugal*, *Spain*, *Sweden* and the *United States* information is required on the length of time the person had been employed. In *Italy* and the *United Kingdom* the report must indicate whether the person was a trainee.

In general, the notification must include a description of how the accident occurred, with the majority of countries requiring information about the agent involved. The details provided may vary from a broad description, for example crushing, or moving machinery, to more specific information about the type of machinery or the substance or chemical concerned. Some countries require the employer to specify the reason for the accident as well as the cause; for example, in *China* and *Hungary* the information must indicate whether there was a breach of any relevant legal provision, while in *Germany* it must state what preventive or protective measure was in place at the time of the accident. In the *United Kingdom* information is required as to what remedial action has been taken to prevent the accident recurring, and in *China* preventive measures must be suggested.

How and when information is notified

Some countries have introduced prescribed forms for employers to notify occupational accidents (for example *Botswana*, *Guyana*, *Japan*, *Myanmar*, the *Philippines*, *Turkey* and the *United Kingdom*). Others state what should be included in a notification but do not have a specified form for such purposes. Generally speaking, fatal accidents are required to be reported immediately by the fastest possible medium (for example by telephone) with written confirmation expected thereafter. Some countries place time limits on the receipt of written notices. Examples of this practice include 48 hours in *Belize*, two days in *Turkey*, seven days in *Saint Vincent and the Grenadines* and within ten days of an immediate telephone notification in the *United Kingdom*.

Notification of non-fatal accidents can be subject to written or implied time limits. This can be for purposes of compilation of statistical information; for example in the *Philippines* employers are required to forward notifications by the 20th day of the month following the date of occurrence of the accident. In *Japan* accidents causing less than four days' absence from work must be notified quarterly. In the *United States* the annual summary of accidents recorded by the employer in the workplace logbook is provided for the annual survey of occupational injuries and illnesses. Enforcement or insurance institutions may require information to be sent in a prescribed form as soon as possible or within a specified time. In the *United Kingdom*, there is a pilot exercise under way to examine the feasibility of a telephone-based notification system.

Notification of commuting accidents and dangerous occurrences

Commuting accidents

Commuting accidents are notifiable in *Belgium*, *Brazil*, *Bulgaria*, *China*, *Germany* and *Malaysia*. In *Austria* and *Finland* commuting accidents are also notifiable but statistics are collected separately from those on occupational accidents. In *Dominica* and *New Zealand* commuting accidents are included in notifiable accidents if the employer provided the transport. There is a similar concept in *Mauritius*, where commuting accidents are included if the transport has been provided exclusively for travelling to and from work. In *Norway* commuting accidents are notifiable only when employees are travelling by car or some other means of transport as required by the nature of their work. Commuting accidents are not included in notifiable accidents in the *Czech Republic*, *France*, *Guyana*, *Japan*, the *Philippines* and the *United Kingdom*, for example.

Dangerous occurrences

In *Botswana*, *Malawi*, the *Philippines* and the *United Kingdom*, there are lists of dangerous occurrences which employers are required to record and notify to the enforcement authority. The list in the *United Kingdom* covers a wide range of occurrences including collapse of lifting machinery and scaffolding, failure of pressure systems, electrical short circuit resulting in the stoppage of plants, malfunction of radiation generators and unintentional explosions. In *Guyana*, *India* and *Saint Vincent and the Grenadines* there is a provision to extend the arrangements for the notification of accidents to dangerous occurrences in certain work processes where this is considered appropriate by the enforcement authority. In *Japan*, employers are required to notify dangerous occurrences such as fire, explosion, collapse of buildings and failure of lifting machines. In *Mexico* statistics are collected on unsafe acts, defined as breaches of a safety procedure. Some other countries include this information in accident reports (*Hungary*, for example). The *United Kingdom* also collects data on accidents caused to members of the public as a result of a work-related activity.

Notification of occupational diseases

How "occupational disease" is defined

Identification of what causes diseases can be a complex and difficult matter owing to the long latency period of some diseases, and the multiple causes of certain diseases. In addition, there is a wide range of diseases that could be related in one way or another to occupation or working conditions. In the third edition of the ILO's *Encyclopaedia of occupational health and safety*,[2] among the pathological conditions affecting workers, the following distinction was made: diseases due to occupation (occupational diseases)

[2] ILO: *Encyclopaedia of occupational health and safety* (Geneva, 3rd (revised) edition, 1983), p. 1488.

and diseases aggravated by work or having a higher incidence owing to conditions of work (work-related diseases) were separated from conditions having no connection with work. The borderline between occupational and work-related diseases is very thin, and the distinction between them has always been a matter of discussion. As human knowledge develops concerning the effect of new technologies as well as physical, biological and chemical factors on health, so too does our understanding of their occupational implications. When it is clear that a causal relationship exists between an occupational exposure and a specific disease, that disease is usually considered both medically and legally as occupational and may be defined as such. Paragraph 6(1) of the ILO Employment Injury Benefits Recommendation, 1964 (No. 121), provides that Members should "regard diseases known to arise out of the exposure to substances or dangerous conditions in processes, trades or occupations as occupational diseases". Many countries establish a national list of occupational diseases, while others use a broad definition of occupational diseases. This issue is further discussed in Chapter II.

Notification of occupational diseases

The recording and notification of occupational diseases may be limited to diseases which countries have recognized as occupational in origin and therefore compensable. Some countries, however, also collect data on a wider range of work-related diseases and/or occurrences of ill health. The purpose of this is to help professionals working in this area to better understand whether and how there is an occupational cause, and identify appropriate remedial action. These varying practices of defining and using information about occupational diseases have been examined in an office study of *Australia*, the *Bahamas*, *Botswana*, *Brazil*, *Finland*, *Germany*, *Greece*, *Japan*, the *Republic of Korea*, *Malaysia*, *Myanmar*, *New Zealand*, the *Philippines*, the *Russian Federation*, *Saint Vincent and the Grenadines*, *Sweden*, *Switzerland*, the *United Kingdom* and the *United States*.

In the *Yearbook of Labour Statistics 2000*, 63 of the 102 countries reported that they do not provide statistics for occupational diseases. Practically all of the countries examined in the office study of recording practices link the requirement to notify occupational diseases to those which have been listed as prescribed diseases. However, some countries also require the recording and notification of a wider range of diseases or incidents of ill health. For example, in *Australia*, there is a data set on diseases giving rise to workers' compensation, but data can also be obtained from other sources such as the national mesothelioma register. In the *United States* some medical conditions are also recorded and notified for surveillance purposes. In the *United Kingdom*, employers are required to record and notify all incidents of ill health lasting more than three days, in addition to notification of the diseases included on a prescribed list. In *Norway*, employers record all sickness absence and compile a statistical annual return.

Responsibility for notification of occupational diseases can lie with the employer, a physician or both. In the *Bahamas*, *Belgium*, *Denmark*, *India*, *Ireland*, the *Netherlands*, *Saint Vincent and the Grenadines*, *Singapore* and the *United Kingdom*, it is the physician or the employer who is responsible for the notification of occupational diseases. In *Botswana*, the *Philippines* and the *United States* it is the employer, while in *France* it is the physician who is responsible for reporting cases of pre-

scribed diseases or diseases or conditions which are suspected of being occupational in origin. Information may be sent to the social security or compensation authority and/or to the enforcing authority. This may also cover persons who are no longer economically active.

ILO ACTIVITIES

Existing ILO instruments

About 20 Conventions and Recommendations encourage the compilation of statistics of occupational injuries and diseases, including the Labour Statistics Convention, 1985 (No. 160), but only some of them refer to recording and notification. The Labour Inspection Convention, 1947 (No. 81), provides that the annual report published by the central inspection authority shall deal with statistics of industrial accidents and occupational diseases. According to the Protection of Workers' Health Recommendation, 1953 (No. 97), national laws or regulations should require the notification of cases and suspected cases of occupational disease. The Occupational Safety and Health Convention, 1981 (No. 155), provides for the competent authority to ensure that procedures will be progressively established and applied for the notification of occupational accidents and diseases and the production of annual statistics. Under the terms of the Occupational Safety and Health Recommendation, 1981 (No. 164), employers should be required to keep records relevant to occupational safety and health and the working environment, which might include records of all notifiable occupational accidents and injuries to health. The Labour Inspection Convention, 1947 (No. 81), and the Labour Inspection (Agriculture) Convention, 1969 (No. 129), also have provisions concerning the notification of occupational accidents and diseases to the labour inspectorate. Whilst not legally binding, the *Technical and ethical guidelines for workers' health surveillance* published by the ILO in 1998 include invaluable recommendations for the design, establishment, implementation and management of workers' health surveillance schemes, which are essential for recording and notification of occupational accidents and diseases.

The ILO code of practice on the recording and notification of occupational accidents and diseases provides useful guidance to competent authorities in developing national systems both for the recording of accidents and diseases at the level of the enterprise, and for the compilation of statistical data at the national level. The Office distributed the code to all member States in 1997 and undertook a special exercise to review the establishment of national policies and programmes. This was to address the statements made by a Meeting of Experts to draw up the code in 1994, which emphasized the instrumental role of the recording and notification of accidents and diseases for the study and identification of the causes of accidents and diseases.

The code also prompted participants at the 1994 Meeting of Experts to consider the relationship between the list of occupational diseases in Schedule I to the Employment Injury Benefits Convention, 1964 (No. 121), and occupational disease recording and notification. The code included an additional list of diseases which serves as guidance to member States when considering the difficult area of defining occupational diseases for recording and notification purposes.

Activities of the International Conference of Labour Statisticians (ICLS)

The International Conference of Labour Statisticians (ICLS) has given considerable attention to the development of statistics on occupational accidents and diseases. The First ICLS in 1923 adopted a resolution on statistics for industrial accidents covering the classification of accidents and the calculation of frequency and severity rates. The Tenth and Thirteenth ICLS, held in 1962 and 1982 respectively, both recommended standard terminology, definitions and concepts and provided guiding rules for the classification and presentation of statistics. Volume 8 of the series *Sources and methods: Labour statistics* on occupational injuries, published by the ILO in 1999, demonstrated the wide differences still evident in the coverage of statistics and classifications and concepts used.

The Sixteenth ICLS, held in 1998, recognized the need to respond to the growing demand for more analytical information about the causes of occupational accidents and injuries and to modernize the classifications adopted by the Tenth ICLS. As a result, the Sixteenth ICLS adopted a resolution[3] updating minimum data requirements and appropriate classification methods. It also called for the development by each country of a comprehensive programme of statistics on occupational safety and health, including occupational diseases and occupational injuries.

[3] Resolution concerning statistics of occupational injuries (resulting from occupational accidents).

CHAPTER II

LISTS OF OCCUPATIONAL DISEASES

The role and influence of Schedule I to the Employment Injury Benefits Convention, 1964

The Employment Injury Benefits Convention, 1964 (No. 121), provides for the competent authority to define occupational accidents and diseases for which certain compensation benefits shall be provided. These benefits include payment for medical care and rehabilitation services for workers sustaining work-related injuries and impairments. They also include income maintenance for the injured workers and their dependants during the period of temporary and permanent disability or in the case of death. The immediacy of the association between the occurrence of an accident and the injury makes the relationship to the workplace more or less simple to establish within the framework of the relevant laws and regulations. In contrast with occupational accidents, the identification of diseases that are occupational in origin can be very complicated and difficult in some cases. Schedule I partly addresses this by listing those diseases that are common and well recognized and the risk factors usually involved. This ILO list plays a key role in harmonizing the development of policy on occupational diseases and in promoting their prevention. It has in fact achieved considerable status in the field of occupational safety and health. It presents a clear statement of diseases or disorders that can and should be prevented. As it stands, it does not include all occupational diseases. It is intended to indicate those that are most common in the industries of many countries and where prevention can have the greatest impact on the health of workers. A ratifying State can use a general definition of occupational disease in preference to the list in Schedule I, providing that this definition covers at least all of the diseases comprised in the schedule.

Convention No. 121 was adopted at the 48th Session (1964) of the International Labour Conference. Even then the Conference believed that the list contained in Schedule I to the Convention would have to be kept up to date. To facilitate the revision of the list, the Conference included in the Convention itself Article 31, which provides for a special procedure for amending the list of occupational diseases contained in Schedule I: the Conference may, at any session at which the matter is included in its agenda, adopt amendments to Schedule I to the Convention by a two-thirds majority. The list of occupational diseases was accordingly updated in 1980 at the 66th Session of the International Labour Conference.

As of December 2000, the following 23 member States have ratified Convention No. 121: *Belgium*, *Bolivia*, *Bosnia and Herzegovina*, *Chile*, *Croatia*, *Cyprus*, *Democratic Republic of the Congo*, *Ecuador*, *Finland*, *Germany*, *Guinea*, *Ireland*, *Japan*, *Libyan Arab Jamahiriya*, *Luxembourg*, the *Netherlands*, *Senegal*, *Slovenia*, *Sweden*, *The former Yugoslav Republic of Macedonia*, *Uruguay*, *Venezuela* and *Yugoslavia*. In addition, many countries which have not yet ratified the Convention recognize most of the diseases in Schedule I as occupational diseases. For example, pneumoconiosis due

to fibrogenic dusts, including silica and asbestos, is an identified occupational disease in the legislation of *Austria*, *Brazil*, *Cameroon*, *Canada*, *France*, *Hungary*, *Indonesia*, *Italy*, *Nigeria*, the *Philippines*, the *Russian Federation*, *Sri Lanka*, *Switzerland*, the *United Kingdom* and the *United States*. Similarly, benzene and its derivatives have been given special consideration by *Austria*, *Brazil*, *Cameroon*, *Canada*, *Egypt*, *Fiji*, *Hungary*, *Indonesia*, *Malaysia*, *Nigeria*, the *Philippines*, the *Russian Federation*, the *United Kingdom* and the *United States*. The effects of ionizing radiation are also widely recognized.

Recognition of occupational diseases for compensation and prevention purposes

The legal system entitling the victims of occupational diseases to compensation varies from country to country. The relationship between exposure and the severity of the impairment among workers and the number of workers exposed are important criteria for the determination of occupational diseases. In many countries, the definition of occupational diseases is set out in legislation. It is most commonly found in basic occupational safety laws, often together with the definition of occupational accidents, as in many countries the compensation for occupational diseases is the same as that for employment accidents. All definitions specify causality as between the disease, the exposure factor (physical, chemical, biological and others) and the work.

Article 8 of Convention No. 121, which indicates the various possibilities regarding the form of the schedule of occupational diseases entitling workers to compensation benefit provides that:

> Each Member shall –
>
> (a) prescribe a list of diseases, comprising at least the diseases enumerated in Schedule I to this Convention, which shall be regarded as occupational diseases under prescribed conditions; or
>
> (b) include in its legislation a general definition of occupational diseases broad enough to cover at least the diseases enumerated in Schedule I to this Convention; or
>
> (c) prescribe a list of diseases in conformity with clause (a), complemented by a general definition of occupational diseases or by other provisions for establishing the occupational origin of diseases not so listed or manifesting themselves under conditions different from those prescribed.

The option given in clause (a) is known as the list system, clause (b) as the general definition system or overall coverage system, and clause (c) is generally referred to as the mixed system.

The countries that have developed a list of diseases for compensation and notification purposes include the *Bahamas*, *China*, *Finland*, *France*, *Greece*, the *Republic of Korea*, *Malaysia*, *Myanmar*, *New Zealand*, the *Philippines* and the *Russian Federation*. The lists used in countries to define what is an occupational disease differ in content and approach. Some countries reproduce the list of diseases in Schedule I to Convention No. 121 (for example, *Barbados*, *Jamaica* and *Peru*). Others may have different lists, more comprehensive lists or lists developed using a different approach to defining the disease, for example by emphasizing poisoning cases, listing pathological symptoms or specifying minimum periods of exposure to the risk. These countries

include *Cameroon*, *France*, *Germany*, *Myanmar*, the *Philippines*, *Saint Vincent and the Grenadines* and the *United Kingdom*. Where countries apply a broad definition of what may be considered as an occupational disease, it is not clear whether there is uniformity in the conditions or diseases that have been accepted as occupational in origin. In some countries they may be dealt with on a case-by-case basis and can be influenced by civil litigation (for example the *United Kingdom* and the *United States*), or they may be subject to the interpretation of the insurance authority or experts (as is the case in *Switzerland*).

In other countries where a broad definition may be used, such as *Sweden*, any condition can be considered occupational as long as it is judged to be related to work. This is similar to the situation in *Australia* and the *United States*, where general definitions of occupational disease are provided in law. *Jordan* and *Senegal* refer to the definition in Convention No. 121 concerning benefits in the case of employment injury. It appears significant that in *Italy*, as a result of a decision in 1988 by the Constitutional Court, the list of occupational diseases is no longer operational. In that country, as in *Sweden*, recognition of occupational diseases is open-ended and not subject to any severe restrictions. In other countries there may be a dual approach in operation. For example, in *Germany* and *Switzerland* diseases are either on a list or recognized as occupational even though they are not included on the list because there is strong evidence that these cases are due to occupational hazards. A similar situation prevails in *Brazil*, where there is a list and a general concept of diseases caused by what is termed "special conditions of work". In the *United Kingdom* there is a list of diseases for compensation and notification purposes and a broader list for notification purposes. In *Japan*, occupational diseases are listed under nine broad categories related to the agent or mechanism responsible for the occupational disease. These categories are in effect open-ended as they include a clause allowing for the inclusion of other diseases where they are caused by the agent or mechanism in question. Countries that have adopted this mixed system also include *Austria*, *Canada*, *Colombia*, *Denmark*, *Finland*, *Islamic Republic of Iran*, *Luxembourg*, *Mexico*, *Portugal*, *Sierra Leone*, *Thailand*, *Turkey* and *the United States* (not all states).

While the list system has the disadvantage of covering only a certain number of occupational diseases, it has the advantage of listing diseases for which there is a presumption that they are of occupational origin. It is often very difficult, if not impossible, to prove that a disease is directly attributable to the victim's occupation. Paragraph 6(2) of the Recommendation (No. 121) accompanying this Convention provides that "unless proof to the contrary is brought, there should be a presumption of the occupational origin of such diseases" (under prescribed conditions). It also has the important advantage of indicating clearly where prevention should take place. The general definition system theoretically covers all occupational diseases; it affords the widest and most flexible protection, but leaves it to the victim to prove the occupational origin of the disease, and no emphasis is placed on specific prevention. This marked difference between a general definition and a list of specific diseases explains why the mixed system is tending to spread to more countries: it combines the advantages of both without their disadvantages.

The list of occupational diseases is often annexed to a statutory order covering occupational diseases (for example in *Algeria*, *China*, *Monaco* and the *United Kingdom*) or forms part of a separate law (for example in *Colombia*). In *Finland*, it is part of an Order made under the Law on occupational diseases. In *France* the list of occupa-

tional diseases is set out in the form of separate tables for each category of disease, appended to the Social Security Code. Certain tables can thus be amended without requiring fresh legislative confirmation of the entire list. The French tables incorporate time intervals between the end of the exposure and the date on which the occupational disease is identified.

In many countries no deviation from the published lists of occupational diseases is possible. Thus, in *Spain* and the *United Kingdom* other diseases are recognized only if they are considered to constitute an employment accident. In contrast with the definition of occupational diseases, which is fairly similar in different countries, the structure of national lists of such diseases is not uniform. Some countries consider the disease and the types of work activity in which it may arise as being significant criteria, whilst others specify in the list the exposure factor and the possible types of illness that may arise as a result of this.

The approach taken by countries in defining occupational diseases thus varies between the use of lists of occupational diseases and conditions, general definitions of occupational disease and a combination of definitions and lists (mixed systems). What is common to all countries in their approach to recognizing the occupational origin of a disease or condition can be summarized in the application of three key criteria:

- they are in a causal relationship with a specific exposure or agent;
- they occur in connection with a specific work environment and in specific occupations; and
- they occur among the groups of persons concerned with a frequency which exceeds the average morbidity of the rest of the population.

The identification of a disease as occupational in origin has an impact not only on employment injury benefit provision, but also on national preventive programmes. This can be seen particularly in national provisions for workers' health surveillance. If a disease is proved to be linked to an occupational cause, regular medical check-ups can help detect the onset of an impairment at an early stage, thus leading to prevention. A report prepared by the International Social Security Association (ISSA),[1] found that many countries have special examinations and check-ups of workers related to particular exposures. In the *Russian Federation*, the *United Kingdom* and the *United States* these are triggered by recognition of an occupational cause. Other countries that have regular check-ups of all employees include special examinations for specific exposures or conditions (for example, *France* and *Japan*). Whilst there were also a number of countries implementing check-up programmes for diseases caused by biological agents, there was only limited evidence of such programmes to examine physical strains and stresses related to work activities.

New occupational diseases

With the development of technology new substances are being introduced and processed. Research has provided better knowledge about hazardous factors at the work-

[1] ISSA: *Occupational diseases and possibilities of preventing them*, Report IV, XXIVth General Assembly, Acapulco, 22 Nov.-1 Dec. 1992.

place and their effects on workers' health. New risks are identified as technology advances. Be that as it may, there are still new factors, including chemicals whose human health risks are unknown although new evidence about their effects appears regularly following new tests or epidemiological studies. The design and function of enclosed modern buildings, for example with regard to ventilation systems, and of electronic office equipment have caused concern. Continuous repetitive movements are widely considered to be the cause of debilitating conditions. Exposure of non-smokers to tobacco smoke pollution will increasingly have to be taken into consideration, particularly now that relevant legislation is in place in some countries. Healthcare workers are increasingly exposed to a wide variety of chemicals, sensitizers and infections, such as hepatitis and HIV/AIDS.

Patterns of employment and of risk have changed greatly in many countries in recent years. In developed countries, heavy industries such as steel fabrication and underground mining have diminished considerably and environmental conditions have improved. Service industries and automated offices have gained in relative importance. A far greater proportion of the workforce consists of women, who still, for the most part, manage the home and care for children in addition to their outside work. These developments place stress on women while increasing the need for day care for children. Night work and rotating shift work have become normal patterns of work. Stress in all its aspects is now an important problem. In the developing countries, heavy industries are rising rapidly to supply local and export needs and to provide employment to burgeoning populations.

No country regards its lists of occupational diseases as permanent and unchangeable. Lists are subject to continuous monitoring and review. Depending on the procedure in use, new lists of occupational diseases or supplements to existing lists are adopted at given intervals. The observation of diseases occurring frequently among particular groups or workers plays a significant role in the supplementation or amendment of lists.

Many countries regularly revise their national list of occupational diseases. For example, in *France*, amendments – including the addition of new occupational diseases – to the schedules of occupational diseases appended to Book IV of the Social Security Code were carried out in 1993, 1995, 1996, 1997 and 1999. Some member States have even established new lists of occupational diseases in recent years (for example *Algeria* in 1996, *Colombia* in 1994, *Denmark* in 1997). The *United Kingdom*'s new regulation issued in 1995 concerns the reporting not only of occupational diseases but also of injuries and dangerous occurrences. In *Japan*, the list of occupational diseases for compensation was revised in 1996 and 22 chemicals were added to the list of occupational diseases caused by chemicals. These chemicals include zinc chloride, methyl methacrylate and para-tertiary butyl phenol. In *Monaco*, a new Ministerial Order revising the schedule of occupational diseases in 1995 introduced additional diseases caused by the same chemical agents and their compounds as those recognized in 1959.

Revisions of national lists of occupational diseases have also taken place in member States that ratified the Convention in recent years, for example *Germany* and *Japan*. *Finland* is currently revising its list of occupational diseases so as to include additional diseases (for example, hepatitis C, quartz lung cancer, liver diseases caused by some chlorofluorocarbon substitutes and carpal tunnel syndrome).

The ISSA study also found that the newly recognized occupational diseases included those caused by chemical factors in *Finland*, *France*, *Germany*, *Mexico* and the

United Kingdom, and by biological factors in *Ecuador*, *France* and the *United Kingdom*. In *France* meniscus injuries and work under low pressure have also been included in new tables of occupational diseases. In *Austria* there have been various amendments to the definition of diseases and an extension of the range of persons and undertakings amongst which such occupational diseases can occur.

Diseases suspected of being occupational in origin

The uncertainty and controversy arising from establishing an occupational cause have prompted a number of countries to collect data on a wider range of diseases and conditions than those which have been proved to be occupational in origin and compensated as an employment injury. The diseases or conditions in this category are those which can be attributed to a number of factors, including occupation and lifestyle, for example musculo-skeletal disorders such as those caused by repetitive motion, exertion and postures, or conditions caused by psychosocial factors, such as stress-related disorders. In some countries these disorders may be reported or notified because of absence from work (for example in *Norway* and the *United Kingdom*) or they may be subject to special surveillance programmes, such as that for musculo-skeletal disorders in the *United States*.

International activities

The European Commission adopted Recommendation 90/326/EEC of 22 May 1990 concerning the adoption of a European schedule of occupational diseases. It includes all the diseases and substances in the schedule to Convention No. 121, in addition to many others. This comprehensive Recommendation comprises two lists, one of which details recognized occupational diseases (Annex I) and the other diseases suspected of being occupational in origin (Annex II). The European schedule of occupational diseases (Annex I) contains five sections: diseases due to chemical agents, skin diseases due to other substances and agents, diseases due to inhalation of substances and agents not included under other sections, infectious and parasitic diseases and diseases caused by physical agents. Annex II includes a number of diseases caused by certain chemical agents, skin diseases not recognized as occupational diseases, diseases caused by inhaling certain substances, infectious and parasitic diseases not included in the list of recognized occupational diseases and avulsion due to overstraining of the spinous processes. The Recommendation provides for compensation, prevention, reporting and adequate training in implementing relevant preventive measures. Recognition of the occupational causes and studies to establish the link with certain occupational diseases have led to continuous tightening of exposure limits of hazardous agents in Europe in the last ten years. For example, in November 2000, the EU Social Affairs Ministers agreed to amendments to the framework Directive on occupational safety and health which are aimed at improving the protection of workers against the harmful effects of vibration.[2]

[2] Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work.

ILO ACTIVITIES

A detailed review of emerging trends in occupational diseases led to the updating of Schedule I to Convention No. 121 in 1980 at the 66th Session of the International Labour Conference. In 1987 the European Regional Conference adopted a resolution concerning occupational safety and health that highlighted the need to review the amended list.

In December 1991 the ILO held an Informal Consultation on the Revision of the List of Occupational Diseases appended to the Employment Injury Benefits Convention, 1964 (No. 121). Representatives of governments, employers and workers from the following countries participated in the meeting: *Australia*, *Brazil*, *Cameroon*, *France*, *Germany*, *Japan*, the *Russian Federation*, *Sweden*, *Switzerland*, the *United Kingdom* and the *United States*. The meeting discussed the differing criteria for recognition of occupational diseases, the identification of new diseases for inclusion in Schedule I and a proposal to change the format for the list. The resulting comprehensive list of occupational diseases and medical disorders covered those emerging from trends since the adoption of the 1980 list in Schedule I to Convention No. 121. An item on the revision of the list of occupational diseases appended to Convention No. 121 was proposed to the Governing Body at its session in May-June 1992, but was not selected for inclusion in the agenda of the 1994 session of the International Labour Conference.

The Meeting of Experts on the Recording and Notification of Occupational Accidents and Diseases in 1994 included in Annex B of the code of practice the list of occupational diseases proposed by the abovementioned Informal Consultation and recommended that the competent authority consider the proposed list of occupational diseases when reviewing and establishing a national list of occupational diseases (paragraph 3.1.5 of the code of practice on the recording and notification of occupational accidents and diseases).

CHAPTER III

THE CASE FOR NEW INTERNATIONAL INSTRUMENTS

EXTENT OF UNDER-REPORTING OF OCCUPATIONAL ACCIDENTS AND DISEASES

Under-reporting of occupational accidents and diseases is widespread, although the number of accidents and diseases that go unreported is difficult to quantify. Evidence has emerged to demonstrate that the scale of under-reporting is alarming. In 1990, the Health and Safety Executive of the *United Kingdom* sponsored a supplement to the 1990 Labour Force Survey containing questions on workplace injuries and ill health in order to establish the true level of workplace injury and of work-related ill health, and also to confirm the degree of under-reporting and the relative risk in the main industries. The findings showed that in the case of workplace injuries reportable to a safety authority, employers reported less than a third, and self-employed persons less than one in 20. The level of reporting varied between sectors; in manufacturing it was the lowest in smaller workplaces with fewer than 25 employees. According to the study *Accidents at work in the European Union in 1994*, published by the Statistical Office of the European Communities (EUROSTAT) in 1998, the average reporting level for occupational accidents causing more than three days' absence in eight common branches of activity of 15 member States was 91.1 per cent. Only eight members reported a 100 per cent level, while three reported levels in the range of 41 to 56 per cent.[1]

In the majority of cases examined, recording and notification are limited to a narrow range of accidents, diseases and conditions. A fairly large number of developing countries are not in a position to collect and publish national data on occupational diseases at all, owing to a lack of national expertise or facilities for the diagnosis of occupational diseases, or both. A more efficient accumulation of statistics through the establishment and strengthening of appropriate mechanisms is the first critical step in developing an adequate basis for proper decision-making in setting up and implementing effective national early warning and prevention programmes aimed at avoiding and reducing the number of occupational accidents and diseases.

COHERENCE OF INFORMATION TO BE RECORDED

Given the diverse systems of occupational accident and disease recording and notification in member States, it is impossible to say with any degree of certainty whether the available information accurately reflects the actual situation. In addition to procedural divergences, the types and definitions of data elements that would make up an

[1] *Statistics in focus: Population and social conditions* (Luxembourg, EUROSTAT), 1998/2.

accident or disease record or would have to be consigned in a notification form differ widely from country to country. However, there is a demand for accurate and comparable information. Accurate information on the nature, circumstances and extent of occupational accidents and diseases is needed to enable enterprises and countries to understand how they may be caused and identify where preventive action is needed. There needs to be greater consistency in the coverage of workers, activities, enterprises and types of accidents and diseases recorded and notified in order to redress the inadequacies in current notification systems. Strengthening international measures would also lead to better harmonization of this information at the international level, allowing more meaningful comparisons to be made between enterprises and countries. This would help identify successes in occupational safety and health strategies. Much can be learned from those who have experienced a particular problem and identified good preventive actions, thereby making an important contribution to the aim of providing decent work and applying basic labour standards.

Recording of incidents

Incidents are unsafe occurrences arising out of or in the course of work where no personal injury is caused. The recording of such incidents is an important element of the occupational safety and health management system at the enterprise level with a view to using the information for the elimination of potential hazards for occupational accidents and diseases. The systematic recording and analysis of incidents by the employer and workers and their representatives, as well as the safety committee, if it exists, should be promoted irrespective of the size of enterprises. The sharing of information on incidents between enterprises, particularly within the same industry, will contribute greatly to the reduction of occupational accidents.

Preventing occupational accidents and diseases

Stronger measures to promote the recording and notification of occupational diseases and conditions are an important basis for preventive activities. This prevention principle was stated as follows in Article 26 of the Employment Injury Benefits Convention, 1964 (No. 121): "Each Member shall, under prescribed conditions – (a) take measures to prevent industrial accidents and occupational diseases".

Recording and notification of occupational diseases and diseases suspected of being occupational in origin

Within this changing framework of occupational risks, it is necessary to review the list regularly and add diseases which are identified as occupational in order to maximize the effectiveness of preventive strategies. Comprehensive lists of occupational diseases and those suspected of being occupational in origin would provide a major contribution to developing awareness of the risks involved in work and stimulate preventive strategies. Many of the national systems examined by the Office show that in

some countries recording and notification are limited to diseases or conditions which are already known to be occupational in origin, or specifically linked to compensation awards. However, it is clear that the needs for recording and notification of occupational diseases and ill health caused by work activities cannot be met by a narrow list of diseases for which an occupational cause has actually been established. There is controversy around the causal relationship between work and certain medical conditions that can have many causes, particularly musculo-skeletal disorders and those due to psychosocial factors, and this has led to considerable divergence in the data collected by countries and enterprises. Therefore a means of collecting data which do not necessarily immediately imply an occupational cause would help encourage wider recording and notification of symptoms of disease and incidents of ill health, which, if they are subsequently proven to be occupational in origin, would improve the chances of understanding their cause and preventing their recurrence. Furthermore, recognition that a disease is occupational in origin –whether wholly or in part – would strengthen health surveillance provisions and raise awareness of appropriate preventive activity.

A POSSIBLE NEW INSTRUMENT ON THE RECORDING AND NOTIFICATION OF OCCUPATIONAL ACCIDENTS AND DISEASES

The available international labour standards deal only with limited aspects of recording and notification, and they neither specify uniform methods or appropriate national procedures or systems, nor include sufficient guidance for such procedures to be used as a basis for preventive action. While the ILO code of practice and action by the ICLS were intended to assist countries in establishing systems, it is clear that these international activities need to be extended in order to better contribute to harmonizing and improving both the terminology and the procedures used.

In considering the correct approach in improving existing or developing new instruments which can respond to current needs, account should be taken of the key elements of action that are needed at the enterprise, national and international levels, and of the degree of flexibility required in any instrument. At the level of the enterprise, measures should be taken to establish well-defined and adequate procedures and allocate responsibilities for reporting by the worker, as well as recording and notification by the employer, of occupational accidents and diseases. At the national level, the instruments need to specify uniform procedures for the notification of occupational accidents and diseases to enable the compilation of statistics to be used for formulating preventive programmes and to allow comparisons at the international level. There is also a need for an internationally agreed reference list of occupational diseases which should be used by countries to update and maintain their own lists.

It is clear from the discussion of the nature of occupational diseases that any instrument at international level will need to be sufficiently flexible to respond to developments in this field. For example, if the instrument contains lists of diseases and medical conditions that require notification to the competent authority, such a list, even if indicative, could easily become outdated given the speed at which technology is developing and our understanding of the causes of disease is increasing. There may also be developments in the area of statistics, for example on classification, which require flexibility to be built into the instrument.

Updating mechanism for the ILO list of occupational diseases

Deciding on the addition of a disease to a list of occupational diseases requires scientific evidence, including the strength of association with exposure to the risk, consistency in laboratory and epidemiological data and the establishment of a clearly defined pattern of disease following exposure and plausibility of cause. It also has to be judged at the international level according to whether or not the disease concerned is recognized as being occupational by the law and regulations of a certain number of countries. This international recognition of a disease as being occupational in origin constitutes an important criterion on which to base a decision to include it in an ILO list of occupational diseases. Its incorporation in the list of diseases carrying entitlement to compensation or for recording and notification purposes in a large number of countries shows that it is of considerable social and economic importance and that the risk factors involved are recognized and widely acknowledged.

The current list of occupational diseases in Schedule I to Convention No. 121 was amended in 1980 to reflect the state of knowledge in the 1970s, but since then the number of occupational diseases that are recognized and included in various national compensation schemes has increased significantly, as indicated in Chapter II. It is clear that the 1980 list needs to be updated. The inclusion of the internationally recognized diseases caused by work as proposed by the ILO Informal Consultation in 1991 would have an important effect on compensation and especially on prevention, since these diseases can be avoided under well-controlled conditions. The procedure foreseen for amending the list of occupational diseases as outlined in Article 31 of Convention No. 121 requires that the revision of the list be placed on the agenda of the International Labour Conference and that any amendment be adopted by a two-thirds majority. In practice, it cannot be guaranteed, owing to competing priorities and other reasons, that an item will be included in the Conference agenda.

In view of the above, it is considered that a more simple mechanism is necessary to keep pace with emerging trends in occupational diseases and research into their causes. More importantly, this simplified mechanism should form the basis for the ILO to review and revise its list of occupational diseases in a more timely manner. This mechanism would also allow the ILO to provide guidance to the member States on the adoption and revision of national lists of occupational diseases for both compensation and recording and notification purposes.

The proposed new procedure provides for: (i) the list of occupational diseases proposed by the Informal Consultation in 1991 to be annexed to an autonomous Recommendation; (ii) the list annexed to this Recommendation to be regularly reviewed and updated by a meeting of experts or other means approved by the Governing Body of the International Labour Office; (iii) upon approval by the Governing Body, an updated list of occupational diseases to replace the list of occupational diseases annexed to the Recommendation. National lists of occupational diseases could then be revised and updated with due regard to the most up-to-date list recommended by the Governing Body as provided by the Recommendation.

Such a simplified mechanism for the periodic review and updating of the ILO list of occupational diseases could provide the opportunity for a structured review process, with the added advantage of using resources to maximum benefit. The mechanism would include the systematic gathering of information from all member States on dis-

eases recognized for compensation, recording and notification purposes and the convening of a meeting of experts from time to time to examine the available information and propose an updated list.

Consolidating the relationship between recording and notification of occupational diseases and Schedule I to Convention No. 121

The development of a list of occupational diseases and suspected occupational diseases for recording and notification purposes could be used to improve and simplify the framework for reviewing and updating Schedule I to Convention No. 121. The number of countries not collecting data at all on occupational diseases is worrying. Improvements in this area would strengthen the data collected internationally and provide experts with a better picture of emerging trends. This, in turn, would facilitate the task of assessing the magnitude of the risk and the extent of the problem internationally.

If it is considered that, for the establishment of preventive measures, diseases suspected of being occupational in origin also need to be included for recording and notification purposes, a secondary list could be appended. This list should also be updated periodically through the same mechanism.

In order to respond to the issues raised above and to strengthen and adapt relevant existing ILO instruments, it is proposed to elaborate:

(a) a Protocol to the Occupational Safety and Health Convention, 1981 (No. 155), which would provide for the establishment of recording and notification systems at the national level, and for the publication of national statistics on occupational accidents and diseases which are amenable to comparative analysis at the international level; and

(b) an autonomous Recommendation which would: (i) refer to the ILO codes of practice as guides for the implementation of recording and notification systems and (ii) provide for a flexible mechanism to update an ILO list of occupational diseases, which would be appended to it.

Possible content of a new instrument or instruments

Questions 1 and 2 concern the nature of the new instrument(s). When the Governing Body decided to include in the Conference agenda a standard-setting item on the recording and notification of occupational accidents and diseases, including the possible revision of the list of occupational diseases, Schedule I to Convention No. 121, it noted that the subject would be dealt with by the Conference under the single-discussion procedure, indicating that the new instrument would take the form of a Protocol to Convention No. 155 and an autonomous Recommendation. Question 2 gives respondents the opportunity to express a view on the form of the instrument(s). However, it should be noted that the Governing Body also indicated its intention of examining the development of mechanisms for regularly updating the list of occupational diseases at the same time. In this connection, it should be recalled that the adoption of

a Protocol alone would not fulfil these decisions by the Governing Body, as a Protocol could be linked to only one Convention. The term "autonomous" implies that the Recommendation would not merely supplement the Protocol, but would independently address the issues relevant to the recording, notification and compensation of occupational accidents and diseases and could be linked both to the Protocol and to Schedule I to Convention No. 121.

Questions 3 and 4 invite comments on the considerations which justify the proposed Protocol.

Question 5 deals with the issue of scope. The use of common terms would provide a sound basis for establishing harmonized national systems for recording and notification. In preparing the questionnaire, the Office used terms and key elements of the ILO code of practice on the recording and notification of occupational accidents and diseases published in 1996 (the table of contents of the code is reproduced as Appendix II).

Question 6 asks for views on the establishment of a national framework for recording and notification.

Question 7 invites comment on the basic requirements and procedures for recording.

Question 8 deals with the basic requirements and procedures for notification.

Question 9 asks for views on the minimum information to be included in the notification.

Question 10 addresses the publication of national statistics and analyses of occupational accidents and diseases.

Question 11 covers the use of classification schemes compatible with international schemes. The use of common classification schemes in all member States would be key to promoting the harmonization of statistics worldwide. The need for internationally comparable statistics on occupational accidents and diseases has repeatedly been emphasized at various ILO meetings.

Questions 12, 13 and 14 invite comments on the considerations which justify the proposed Recommendation.

Question 15 asks for views on the use of ILO codes of practice and guides, in particular the code of practice on the recording and notification of occupational accidents and diseases, in the implementation of the Protocol.

Question 16 invites comment on annexing to the Recommendation the list of occupational diseases set out in Annex B of the 1996 code of practice (reproduced as Appendix IV to this report).

Question 17 deals with the establishment of the national list of occupational diseases based on Schedule I to Convention No. 121 (reproduced as Appendix III to this report) and the list of occupational diseases to be annexed to the Recommendation under Question 16.

Question 18 invites comment on the establishment of a new mechanism to regularly update the list of occupational diseases to be annexed to the Recommendation.

The Office draws attention to the fact that Questions 16, 17 and 18 are closely related and should preferably be examined as a package. While the list of occupational diseases referred to (Appendix IV) may not be the most up-to-date list, a full revision at the session of the International Labour Conference which examines this issue together with the adoption of a Protocol would be a tremendous task. If an updating mechanism is established, the list could be reviewed soon if the Governing Body opts to do so.

Question 19 deals with the need for regular updating of the national list of occupational diseases, taking into account the most up-to-date list of occupational diseases approved by the Governing Body as the list to replace the list annexed to the Recommendation.

Question 20 invites comment on the provision of information on the updated national list of occupational diseases to the International Labour Office with a view to facilitating the review of the list annexed to the Recommendation.

Question 21 deals with the provision of national statistics on occupational accidents and diseases by member States to the International Labour Office, which will promote the international exchange and comparison of such statistics.

QUESTIONNAIRE

In accordance with article 38 of the Standing Orders of the International Labour Conference, governments are requested to consult the most representative organizations of employers and workers before finalizing their replies to the following questionnaire, and to send their replies, indicating the reasons for each reply, so as to reach the International Labour Office in Geneva by 30 September 2001 at the latest.

I. Form of the international instrument(s)

1. Do you consider that the International Labour Conference should adopt an international instrument or instruments concerning the recording and notification of occupational accidents and occupational diseases, as well as a mechanism for updating the list of occupational diseases?

2. If so, do you consider that the instrument(s) should take the form of:

(a) a Protocol to the Occupational Safety and Health Convention, 1981, and an autonomous Recommendation?

(b) a Recommendation alone?

(c) a Protocol alone?

II. Content of a Protocol

3. Should the Protocol contain a preamble referring to subparagraphs (c) and (e) of Article 11 of the Occupational Safety and Health Convention, 1981?[1]

4. Should the preamble have regard to the need to strengthen recording and notification procedures for occupational accidents and occupational diseases with the aim of identifying their causes and establishing preventive measures, and of promoting the harmonization of recording and notification systems?

Scope

5. For the purposes of the Protocol should:

(a) the term "occupational accident" cover an occurrence arising out of, or in the course of, work which results in:

(i) fatal occupational injury; or

(ii) non-fatal occupational injury;

---

[1] See Appendix I.

(b) the term "occupational disease" cover a disease contracted as a result of an exposure to risk factors arising from work activity;

(c) the term "dangerous occurrence" cover a readily identifiable event as defined under national laws and regulations, with potential to cause an injury or disease to persons at work or to the public;

(d) the term "incident" cover an unsafe occurrence arising out of, or in the course of, work where no personal injury is caused or where personal injury requires only first-aid treatment;

(e) the term "commuting accident" cover an accident occurring on the direct way between the place of work and:

(i) the worker's principal or secondary residence;

(ii) the place where the worker usually takes his or her meals; or

(iii) the place where the worker usually receives his or her remuneration, which results in death or personal injury involving loss of working time?

Systems for recording and notification

6. Should the Protocol provide that the competent authority shall, by laws or regulations or any other method consistent with national conditions and practice, and in consultation with the most representative organizations of employers and workers, establish and periodically review requirements and procedures for:

(a) the recording of occupational accidents, occupational diseases, dangerous occurrences, incidents, commuting accidents and, as appropriate, suspected cases of occupational diseases; and

(b) the notification of:

(i) occupational accidents, occupational diseases and dangerous occurrences; and

(ii) commuting accidents and suspected cases of occupational diseases, as appropriate?

7. Should the Protocol provide that the requirements and procedures for recording shall include:

(a) the responsibility of employers:

(i) to record occupational accidents, occupational diseases, dangerous occurrences, incidents, commuting accidents and, as appropriate, suspected cases of occupational diseases;

(ii) to ensure appropriate maintenance of these records;

(iii) to use these records for the establishment of preventive measures; and

(iv) to provide appropriate information to workers and their representatives concerning the recording system;

(b) the minimum information to be recorded; and

(c) the minimum duration for maintaining these records?

8. Should the Protocol provide that the requirements and procedures for notification shall include:

(a) the responsibility of employers:

(i) to notify to the competent authority or other designated bodies occupational accidents, occupational diseases, dangerous occurrences and, as appropriate, commuting accidents and suspected cases of occupational diseases; and

(ii) to provide appropriate information to workers and their representatives concerning the notified cases;

(b) where appropriate, arrangements for notification of occupational accidents and occupational diseases by insurance institutions, occupational health services and others directly concerned;

(c) the types of occupational accidents, occupational diseases and dangerous occurrences to be notified; and

(d) time limits for notification?

9. Should the Protocol provide that the information to be included in the notification shall include, at least, information on:

(a) the enterprise, establishment and employer;

(b) the injured person;

(c) the injury or disease; and

(d) the circumstances of the accident or, in the case of an occupational disease, any exposure to health hazards?

National statistics

10. Should the Protocol provide that the competent authority shall, based on the notifications and other available information, annually publish national statistics and analyses of occupational accidents, occupational diseases and, as appropriate, dangerous occurrences and commuting accidents?

11. Should the Protocol provide that these statistics and analyses shall be established using classification schemes that are compatible with the latest relevant international schemes established under the auspices of the International Labour Organization or other competent international organizations?

III. Content of a Recommendation

12. Should the Recommendation contain a preamble referring to the Occupational Safety and Health Convention and Recommendation, 1981, the Occupational Health Services Convention and Recommendation, 1985, and the Employment Injury Benefits Convention and Recommendation, 1964?

13. Should the preamble have regard to the need to strengthen recording and notification procedures for occupational accidents and occupational diseases with the

aim of identifying their causes, establishing preventive measures, promoting the harmonization of recording and notification systems and improving the compensation process in the case of occupational accidents and occupational diseases?

14. Should the preamble have regard to the need to review and update the list of occupational diseases in Schedule I of the Employment Injury Benefits Convention, 1964?[2]

15. Should the Recommendation provide that in implementing the provisions of the proposed Protocol the competent authority should take due account of the 1996 code of practice on the recording and notification of occupational accidents and diseases and other codes of practice or guides which may in the future be established by the International Labour Office?

16. Should the Recommendation provide in an annex the list of occupational diseases set out in Annex B[3] *of the 1996 code of practice?*

17. Should the Recommendation provide that the competent authority should formulate, by methods appropriate to national conditions and practice, and by stages as necessary, a national list of occupational diseases for the purposes of recording, notification and compensation and that:

(a) this list should comprise, at least, the diseases enumerated in Schedule I of the Employment Injury Benefits Convention, 1964; and

(b) the list of occupational diseases annexed to the Recommendation should be used for further developing and updating the national list of occupational diseases for recording, notification and compensation purposes?

18. Should the Recommendation provide that the list of occupational diseases annexed to it should be regularly reviewed and updated through meetings of experts or other means as authorized by the Governing Body of the International Labour Office, and that upon approval by the Governing Body, an updated list of occupational diseases will replace the list annexed to the Recommendation?

19. Should the Recommendation provide that the national list of occupational diseases should be reviewed and updated with due regard to the most up-to-date list approved by the Governing Body under Question 18 above?

20. Should the Recommendation provide that each Member should communicate information on the establishment and review of its national list of occupational diseases to the International Labour Office as soon as it becomes available, with a view to facilitating the regular review and updating by the Office of its list of occupational diseases?

21. Should the Recommendation provide that each Member should furnish annually to the International Labour Office comprehensive statistics on occupational accidents, occupational diseases and, as appropriate, dangerous occurrences and commuting accidents, with a view to facilitating the international exchange and comparison of these statistics?

---

[2] See Appendix III.
[3] See Appendix IV.

IV. Special problems

22.(1) Are there any particularities of national law or practice which, in your view, are liable to create difficulties in the practical application of the international instrument(s) as conceived in this questionnaire?

(2) If so, please state the difficulties and indicate your suggestions as to how they might be met.

23. Are there, in your view, any other pertinent problems not covered by this questionnaire which ought to be taken into consideration in the drafting of the instrument(s)? If so, please specify.

APPENDIX I

SUBSTANTIVE PROVISIONS OF THE OCCUPATIONAL SAFETY AND HEALTH CONVENTION, 1981 (NO. 155)

PART I. SCOPE AND DEFINITIONS

Article 1

1. This Convention applies to all branches of economic activity.

2. A Member ratifying this Convention may, after consultation at the earliest possible stage with the representative organisations of employers and workers concerned, exclude from its application, in part or in whole, particular branches of economic activity, such as maritime shipping or fishing, in respect of which special problems of a substantial nature arise.

3. Each Member which ratifies this Convention shall list, in the first report on the application of the Convention submitted under article 22 of the Constitution of the International Labour Organisation, any branches which may have been excluded in pursuance of paragraph 2 of this Article, giving the reasons for such exclusion and describing the measures taken to give adequate protection to workers in excluded branches, and shall indicate in subsequent reports any progress towards wider application.

Article 2

1. This Convention applies to all workers in the branches of economic activity covered.

2. A Member ratifying this Convention may, after consultation at the earliest possible stage with the representative organisations of employers and workers concerned, exclude from its application, in part or in whole, limited categories of workers in respect of which there are particular difficulties.

3. Each Member which ratifies this Convention shall list, in the first report on the application of the Convention submitted under article 22 of the Constitution of the International Labour Organisation, any limited categories of workers which may have been excluded in pursuance of paragraph 2 of this Article, giving the reasons for such exclusion, and shall indicate in subsequent reports any progress towards wider application.

Article 3

For the purpose of this Convention –

(a) the term "branches of economic activity" covers all branches in which workers are employed, including the public service;

(b) the term "workers" covers all employed persons, including public employees;

(c) the term "workplace" covers all places where workers need to be or to go by reason of their work and which are under the direct or indirect control of the employer;

(d) the term "regulations" covers all provisions given force of law by the competent authority or authorities;

(e) the term "health", in relation to work, indicates not merely the absence of disease or infirmity; it also includes the physical and mental elements affecting health which are directly related to safety and hygiene at work.

PART II. PRINCIPLES OF NATIONAL POLICY

Article 4

1. Each Member shall, in the light of national conditions and practice, and in consultation with the most representative organisations of employers and workers, formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment.

2. The aim of the policy shall be to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, by minimising, so far as is reasonably practicable, the causes of hazards inherent in the working environment.

Article 5

The policy referred to in Article 4 of this Convention shall take account of the following main spheres of action in so far as they affect occupational safety and health and the working environment:

(a) design, testing, choice, substitution, installation, arrangement, use and maintenance of the material elements of work (workplaces, working environment, tools, machinery and equipment, chemical, physical and biological substances and agents, work processes);

(b) relationships between the material elements of work and the persons who carry out or supervise the work, and adaptation of machinery, equipment, working time, organisation of work and work processes to the physical and mental capacities of the workers;

(c) training, including necessary further training, qualifications and motivations of persons involved, in one capacity or another, in the achievement of adequate levels of safety and health;

(d) communication and co-operation at the levels of the working group and the undertaking and at all other appropriate levels up to and including the national level;

(e) the protection of workers and their representatives from disciplinary measures as a result of actions properly taken by them in conformity with the policy referred to in Article 4 of this Convention.

Article 6

The formulation of the policy referred to in Article 4 of this Convention shall indicate the respective functions and responsibilities in respect of occupational safety and health and the working environment of public authorities, employers, workers and others, taking account both of the complementary character of such responsibilities and of national conditions and practice.

Article 7

The situation regarding occupational safety and health and the working environment shall be reviewed at appropriate intervals, either overall or in respect of particular areas, with a view to identifying major problems, evolving effective methods for dealing with them and priorities of action, and evaluating results.

PART III. ACTION AT THE NATIONAL LEVEL

Article 8

Each Member shall, by laws or regulations or any other method consistent with national conditions and practice and in consultation with the representative organisations of employers and workers concerned, take such steps as may be necessary to give effect to Article 4 of this Convention.

Article 9

1. The enforcement of laws and regulations concerning occupational safety and health and the working environment shall be secured by an adequate and appropriate system of inspection.

2. The enforcement system shall provide for adequate penalties for violations of the laws and regulations.

Article 10

Measures shall be taken to provide guidance to employers and workers so as to help them to comply with legal obligations.

Article 11

To give effect to the policy referred to in Article 4 of this Convention, the competent authority or authorities shall ensure that the following functions are progressively carried out:

(a) the determination, where the nature and degree of hazards so require, of conditions governing the design, construction and layout of undertakings, the commencement of their operations, major alterations affecting them and changes in their purposes, the safety of technical equipment used at work, as well as the application of procedures defined by the competent authorities;

(b) the determination of work processes and of substances and agents the exposure to which is to be prohibited, limited or made subject to authorisation or control by the competent authority or authorities; health hazards due to the simultaneous exposure to several substances or agents shall be taken into consideration;

(c) the establishment and application of procedures for the notification of occupational accidents and diseases, by employers and, when appropriate, insurance institutions and others directly concerned, and the production of annual statistics on occupational accidents and diseases;

(d) the holding of inquiries, where cases of occupational accidents, occupational diseases or any other injuries to health which arise in the course of or in connection with work appear to reflect situations which are serious;

(e) the publication, annually, of information on measures taken in pursuance of the policy referred to in Article 4 of this Convention and on occupational accidents, occupational diseases and other injuries to health which arise in the course of or in connection with work;

(f) the introduction or extension of systems, taking into account national conditions and possibilities, to examine chemical, physical and biological agents in respect of the risk to the health of workers.

Article 12

Measures shall be taken, in accordance with national law and practice, with a view to ensuring that those who design, manufacture, import, provide or transfer machinery, equipment or substances for occupational use –

(a) satisfy themselves that, so far as is reasonably practicable, the machinery, equipment or substance does not entail dangers for the safety and health of those using it correctly;

(b) make available information concerning the correct installation and use of machinery and equipment and the correct use of substances, and information on hazards of machinery and equipment and dangerous properties of chemical substances and physical and biological agents or products, as well as instructions on how hazards are to be avoided;

(c) undertake studies and research or otherwise keep abreast of the scientific and technical knowledge necessary to comply with subparagraphs (a) and (b) of this Article.

Article 13

A worker who has removed himself from a work situation which he has reasonable justification to believe presents an imminent and serious danger to his life or health shall be protected from undue consequences in accordance with national conditions and practice.

Article 14

Measures shall be taken with a view to promoting in a manner appropriate to national conditions and practice, the inclusion of questions of occupational safety and health and the working environment at all levels of education and training, including higher technical, medical and professional education, in a manner meeting the training needs of all workers.

Article 15

1. With a view to ensuring the coherence of the policy referred to in Article 4 of this Convention and of measures for its application, each Member shall, after consultation at the earliest possible stage with the most representative organisations of employers and workers, and with other bodies as appropriate, make arrangements appropriate to national conditions and practice to ensure the necessary co-ordination between various authorities and bodies called upon to give effect to Parts II and III of this Convention.

2. Whenever circumstances so require and national conditions and practice permit, these arrangements shall include the establishment of a central body.

PART IV. ACTION AT THE LEVEL OF THE UNDERTAKING

Article 16

1. Employers shall be required to ensure that, so far as is reasonably practicable, the workplaces, machinery, equipment and processes under their control are safe and without risk to health.

2. Employers shall be required to ensure that, so far as is reasonably practicable, the chemical, physical and biological substances and agents under their control are without risk to health when the appropriate measures of protection are taken.

3. Employers shall be required to provide, where necessary, adequate protective clothing and protective equipment to prevent, so far as is reasonably practicable, risk of accidents or of adverse effects on health.

Article 17

Whenever two or more undertakings engage in activities simultaneously at one workplace, they shall collaborate in applying the requirements of this Convention.

Article 18

Employers shall be required to provide, where necessary, for measures to deal with emergencies and accidents, including adequate first-aid arrangements.

Article 19

There shall be arrangements at the level of the undertaking under which –

(a) workers, in the course of performing their work, co-operate in the fulfilment by their employer of the obligations placed upon him;

(b) representatives of workers in the undertaking co-operate with the employer in the field of occupational safety and health;

(c) representatives of workers in an undertaking are given adequate information on measures taken by the employer to secure occupational safety and health and may consult their representative organisations about such information provided they do not disclose commercial secrets;

(d) workers and their representatives in the undertaking are given appropriate training in occupational safety and health;

(e) workers or their representatives and, as the case may be, their representative organisations in an undertaking, in accordance with national law and practice, are enabled to enquire into, and are consulted by the employer on, all aspects of occupational safety and health associated with their work; for this purpose technical advisers may, by mutual agreement, be brought in from outside the undertaking;

(f) a worker reports forthwith to his immediate supervisor any situation which he has reasonable justification to believe presents an imminent and serious danger to his life or health; until the employer has taken remedial action, if necessary, the employer cannot require workers to return to a work situation where there is continuing imminent and serious danger to life or health.

Article 20

Co-operation between management and workers and/or their representatives within the undertaking shall be an essential element of organisational and other measures taken in pursuance of Articles 16 to 19 of this Convention.

Article 21

Occupational safety and health measures shall not involve any expenditure for the workers.

PART V. FINAL PROVISIONS

Article 22

This Convention does not revise any international labour Conventions or Recommendations.

Articles 23-30: Standard final provisions.

APPENDIX II

ILO CODE OF PRACTICE ON THE RECORDING AND NOTIFICATION OF OCCUPATIONAL ACCIDENTS AND DISEASES (CONTENTS)

Preface

Extract from the report of the Meeting of Experts on the Recording and Notification of Occupational Accidents and Diseases (Geneva, 3-11 October 1994)

1. General provisions
- 1.1. Objectives
- 1.2. Scope
- 1.3. Definitions

2. Policy on recording, notification and investigation of occupational accidents, occupational diseases and dangerous occurrences, and related statistics
- 2.1. Policy and principles at national level
- 2.2. Policy and principles at enterprise level

3. Legal, institutional and administrative arrangements for setting up reporting, recording and notification systems
- 3.1. General
- 3.2. Classification of information to be recorded and notified

4. Reporting at the level of the enterprise

5. Arrangements for recording
- 5.1. At national level
- 5.2. At the level of the enterprise

6. Arrangements for notification
- 6.1. At national level
- 6.2. At the level of the enterprise
- 6.3. Notification of occupational accidents
  - 6.3.1. General
  - 6.3.2. Minimum information
  - 6.3.3. More detailed information
- 6.4. Notification of occupational diseases
- 6.5. Notification of dangerous occurrences

7. Extension of recording and notification systems to self-employed persons
- 7.1. At national level
- 7.2. At the level of the enterprise
- 7.3. The self-employed person

8. Statistics of occupational accidents, occupational diseases, commuting accidents and dangerous occurrences – Compilation and publication

8.1. At national level

8.2. Recording and notification of more detailed information in a progressive manner

9. Statistics of occupational accidents, occupational diseases and dangerous occurrences: Classifications

9.1. General

9.2. Occupational accidents

9.3. Occupational diseases

9.4. Dangerous occurrences

10. Investigation of occupational accidents, occupational diseases, commuting accidents, dangerous occurrences and incidents

10.1. At national level

10.2. At the level of the enterprise

10.3. Workers and the investigation of occupational accidents, occupational diseases, dangerous occurrences and incidents

Bibliography

Relevant international labour Conventions and Recommendations

Annexes:

A. Schedule I: List of occupational diseases (amended 1980)

B. Proposed list of occupational diseases

C. International Standard Industrial Classification of all Economic Activities (third revision)

D. International Standard Classification of Occupations (ISCO-88), major, sub-major and minor groups

E. International Classification of Status in Employment (ICSE)

F. Classification of industrial accidents according to the nature of the injury

G. Classification of industrial accidents according to the bodily location of the injury

H. Classification of industrial accidents according to type of accident

I. Classification of industrial accidents according to agency

Index

APPENDIX III

SCHEDULE I TO THE EMPLOYMENT INJURY BENEFITS CONVENTION, 1964 (No. 121)

LIST OF OCCUPATIONAL DISEASES (AMENDED 1980)

Occupational diseases		Work involving exposure to risk[1]
1.	Pneumoconioses caused by sclerogenic mineral dust (silicosis, anthraco-silicosis, asbestosis) and silico-tuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death	All work involving exposure to the risk concerned
2.	Bronchopulmonary diseases caused by hard-metal dust	"
3.	Bronchopulmonary diseases caused by cotton dust (byssinosis) or flax, hemp or sisal dust	"
4.	Occupational asthma caused by sensitizing agents or irritants both recognized in this regard and inherent in the work process	"
5.	Extrinsic allergic alveolitis and its sequelae caused by the inhalation of organic dusts, as prescribed by national legislation	"
6.	Diseases caused by beryllium or its toxic compounds	"
7.	Diseases caused by cadmium or its toxic compounds	"
8.	Diseases caused by phosphorus or its toxic compounds	"
9.	Diseases caused by chromium or its toxic compounds	"
10.	Diseases caused by manganese or its toxic compounds	"
11.	Diseases caused by arsenic or its toxic compounds	"
12.	Diseases caused by mercury or its toxic compounds	"
13.	Diseases caused by lead or its toxic compounds	"
14.	Diseases caused by fluorine or its toxic compounds	"
15.	Diseases caused by carbon disulphide	"
16.	Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbons	"
17.	Diseases caused by benzene or its toxic homologues	"

[1] In the application of this Schedule the degree and type of exposure should be taken into account when appropriate.

18.	Diseases caused by toxic nitro- and amino-derivatives of benzene or its homologues	"
19.	Diseases caused by nitroglycerin or other nitric acid esters	"
20.	Diseases caused by alcohols, glycols or ketones	"
21.	Diseases caused by asphyxiants: carbon monoxide, hydrogen cyanide or its toxic derivatives, hydrogen sulphide	"
22.	Hearing impairment caused by noise	"
23.	Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)	"
24.	Diseases caused by work in compressed air	"
25.	Diseases caused by ionizing radiations	All work involving exposure to the action of ionizing radiations
26.	Skin diseases caused by physical, chemical or biological agents not included under other items	All work involving exposure to the risk concerned
27.	Primary epitheliomatous cancer of the skin caused by tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances	"
28.	Lung cancer or mesotheliomas caused by asbestos	"
29.	Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination	(a) Health or laboratory work (b) Veterinary work (c) Work handling animals, animal carcasses, parts of such carcasses, or merchandise which may have been contaminated by animals, animal carcasses, or parts of such carcasses (d) Other work carrying a particular risk of contamination

APPENDIX IV

PROPOSED LIST OF OCCUPATIONAL DISEASES[1] APPENDED TO THE ILO CODE OF PRACTICE ON THE RECORDING AND NOTIFICATION OF OCCUPATIONAL ACCIDENTS AND DISEASES

1. Diseases caused by agents

1.1. Diseases caused by chemical agents

1.1.1. Diseases caused by beryllium or its toxic compounds
1.1.2. Diseases caused by cadmium or its toxic compounds
1.1.3. Diseases caused by phosphorus or its toxic compounds
1.1.4. Diseases caused by chromium or its toxic compounds
1.1.5. Diseases caused by manganese or its toxic compounds
1.1.6. Diseases caused by arsenic or its toxic compounds
1.1.7. Diseases caused by mercury or its toxic compounds
1.1.8. Diseases caused by lead or its toxic compounds
1.1.9. Diseases caused by fluorine or its toxic compounds
1.1.10. Diseases caused by carbon disulphide
1.1.11. Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbons
1.1.12. Diseases caused by benzene or its toxic homologues
1.1.13. Diseases caused by toxic nitro- and amino-derivatives of benzene or its homologues
1.1.14. Diseases caused by nitroglycerine or other nitric acid esters
1.1.15. Diseases caused by alcohols, glycols or ketones
1.1.16. Diseases caused by asphyxiants: carbon monoxide, hydrogen cyanide or its toxic derivatives, hydrogen sulphide
1.1.17. Diseases caused by acrylonitrile
1.1.18. Diseases caused by oxides of nitrogen
1.1.19. Diseases caused by vanadium or its toxic compounds
1.1.20. Diseases caused by antimony or its toxic compounds
1.1.21. Diseases caused by hexane
1.1.22. Diseases of teeth due to mineral acids
1.1.23. Diseases due to pharmaceutical agents
1.1.24. Diseases due to thallium or its compounds
1.1.25. Diseases due to osmium or its compounds
1.1.26. Diseases due to selenium or its compounds
1.1.27. Diseases due to copper or its compounds
1.1.28. Diseases due to tin or its compounds
1.1.29. Diseases due to zinc or its compounds
1.1.30. Diseases due to ozone, phosgene
1.1.31. Diseases due to irritants: benzoquinone and other corneal irritants

---

[1] List of occupational diseases proposed by the Informal Consultation on the Revision of the List of Occupational Diseases, appended to the Employment Injury Benefits Convention, 1964 (No. 121), Geneva, 9-12 December 1991.

1.1.32. Diseases caused by any other chemical agents not mentioned in the preceding items 1.1.1 to 1.1.31, where a link between the exposure of a worker to these chemical agents and the diseases suffered is established

1.2. Diseases caused by physical agents

1.2.1. Hearing impairment caused by noise
1.2.2. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)
1.2.3. Diseases caused by work in compressed air
1.2.4. Diseases caused by ionizing radiations
1.2.5. Diseases caused by heat radiation
1.2.6. Diseases caused by ultraviolet radiation
1.2.7. Diseases due to extreme temperature (e.g. sunstroke, frostbite)
1.2.8. Diseases caused by any other physical agents not mentioned in the preceding items 1.2.1 to 1.2.7, where a direct link between the exposure of a worker to these physical agents and the diseases suffered is established

1.3. Biological agents

1.3.1. Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination

2. Diseases by target organ systems

2.1. Occupational respiratory diseases

2.1.1. Pneumoconioses caused by sclerogenic mineral dust (silicosis, anthracosilicosis, asbestosis) and silicotuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death
2.1.2. Bronchopulmonary diseases caused by hard-metal dust
2.1.3. Bronchopulmonary diseases caused by cotton, flax, hemp or sisal dust (byssinosis)
2.1.4. Occupational asthma caused by recognized sensitizing agents or irritants inherent to the work process
2.1.5. Extrinsic allergic alveolitis caused by the inhalation of organic dusts as prescribed by national legislation
2.1.6. Siderosis
2.1.7. Chronic obstructive pulmonary diseases
2.1.8. Diseases of lung due to aluminium
2.1.9. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process
2.1.10. Any other respiratory disease not mentioned in the preceding items 2.1.1 to 2.1.9, caused by an agent where a direct link between the exposure of a worker to this agent and the disease suffered is established

2.2. Occupational skin diseases

2.2.1. Skin diseases caused by physical, chemical or biological agents not included under other items
2.2.2. Occupational vitiligo

2.3. Occupational musculo-skeletal disorders

2.3.1. Musculo-skeletal diseases caused by specific work activities or work environment where particular risk factors are present
Examples of such activities or environment include:
(a) rapid or repetitive motion
(b) forceful exertion
(c) excessive mechanical force concentration

(d) awkward or non-neutral postures
(e) vibration
Local or environmental cold may potentiate risk

3. Occupational cancer

3.1. Cancer caused by the following agents

3.1.1. Asbestos
3.1.2. Benzidine and salts
3.1.3. Bis chloromethyl ether (BCME)
3.1.4. Chromium and chromium compounds
3.1.5. Coal tars and coal tar pitches; soot
3.1.6. Betanaphthylamine
3.1.7. Vinyl chloride
3.1.8. Benzene or its toxic homologues
3.1.9. Toxic nitro- and amino-derivatives of benzene or its homologues
3.1.10. Ionizing radiations
3.1.11. Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances
3.1.12. Coke oven emissions
3.1.13. Compounds of nickel
3.1.14. Dust from wood
3.1.15. Cancer caused by any other agents not mentioned in the preceding items 3.1.1 to 3.1.14, where a direct link between the exposure of a worker to this agent and the cancer suffered is established

4. Others

4.1. Miners' nystagmus

Price: 10.00 Swiss francs

ISBN 92-2-112425-8

If this address is wrong, please return this sheet to the sender or, at least, the part bearing the address

Pour tout changement d'adresse, prière de renvoyer à l'expéditeur cette feuille ou, du moins, la partie comportant l'adresse

Sírvase indicar el cambio de dirección del destinatario y enviar esta hoja al remitente, o al menos la parte en que está escrita la dirección

INTERNATIONAL LABOUR OFFICE
BUREAU INTERNATIONAL DU TRAVAIL
OFICINA INTERNACIONAL DEL TRABAJO
CH-1211 GENÈVE 22

P. P.
1211 GENÈVE 22

RETOUR / RETURN / DEVOLUCION

- ☐ Refusé / Refused / Rehusado
- ☐ Non réclamé / Unclaimed / No reclamado
- ☐ Parti / Gone away / Ausente
- ☐ Inconnu / Unknown / Desconocido
- ☐ Décédé / Deceased / Fallecido
- ☐ Adresse inexacte / Incorrect address / Dirección inexacta